

# CALIFORNIA CHAFEE GRANT PROGRAM

## Financial Need Analysis Report

The following information is needed so an award amount can be determined for the Chafee Grant Program applicant. Awards will be available for eligible foster youth to pursue and/or continue postsecondary education and training goals.

Federal School ID # :  Academic Year (AY) = 2007 Program/Course =

School Name:

CSAC ID # or SSN:

DOB:

Last Name:

First Name:

MI:

Student graduated or completed Training Program ☐

Student not enrolled ☐

Student has not been enrolled half-time ☐

Student has an Incomplete Financial Aid Package ☐

Student has not Maintained Satisfactory Progress ☐

*If you checked any of the preceding boxes, please sign below and fax to (916) 526-7977*

Living Arrangements:

☐ On Campus

☐ Off Campus

☐ With Relatives

Expected Enrollment (minimum 1/2 time):

☐ Fall

☐ Winter

☐ Spring

☐ Summer

AY Term:

☐ Semester

☐ Quarter

Cost of Attendance (COA):

Tuition and Fees:

Books and Supplies:

Personal:

Room and Board:

Transportation:

Other:

Total COA:

Expected Family Contribution (EFC):

Financial Need (Total COA - EFC):

Expected Award for AY 2007-2008:

Pell Grant:

SEOG:

Cal Grant:

Work Study:

Loans:

Tuition/  
Fee Waiver:

Other:

Unmet Need Before Chafee:

Chafee Grant Funds Received:

Final Unmet Need:

Educational Level:

Title IV eligible program? ☐ Yes ☐ No

Expected Graduation Date:

I declare under penalty of the law of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name of Financial Aid Official: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title of Financial Aid Official: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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